

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|---|
| Operator OXY USA Inc. | |
| Address P. O. Box 50250, Midland, TX 79710 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership | Change of operator's name effective April 1, 1988 |
| Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner: Cities Service Oil & Gas Corp., P. O. Box 50250, Midland, TX 79710

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------|-----------------|--|---|-----------------------|
| Lease Name Federal AE | Well No. 6 | Pool Name, including Formation Central Corbin Queen | Kind of Lease State, Federal or Fee Fed. LC | Lease No. 029489- |
| Location | | | | |
| Unit Letter J | 1980 | Feet From The South | Line and 2067 | Feet From The East |
| Line of Section 4 | Township 18S | Range 33E | NMPM, Lea | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Texas-New Mexico Pipeline Company | P. O. Box 2528 - Hobbs, New Mexico 88240 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Conoco, Inc. | P. O. Box 460 - Hobbs, New Mexico 88240 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| N 4 18S 33E | Yes 1-24-86 |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

F. A. Vitrano
(Signature) F. A. Vitrano
District Operations Manager - Production
(Title)

March 15, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 25 1988, 19____
BY Paul Kautz
TITLE Geologist

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi completed wells.

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